	Ethiopia	Nigeria	DRC
Contraceptive measures*	-mCPR: 26·4%	-mCPR: 14·7%	-mCPR: 10·0%
(MW= married women;	-LARC mCPR: 9-9% MW, 11-5%	-LARC mCPR: 1.5% MW, 1.4%	-LARC mCPR: ·9% MW, ·7%
UM= unmarried women)	UW	UW	UW
	-Unmet need: 24·7%	-Unmet need: 22·6 %	-Unmet need: 40·8%
Current Method Mix	-LARCs: 15·2%	-LARCs: 9·8%	-LARCs: 7·6%
	-Permanent: 0·4%	-Permanent: 2·7%	-Permanent: 6·3%
	-Short-acting: 84·0%	-Short-acting: 82·2%	-Short-acting: 78·7%
	-Other modern methods: 0.4%	-Other modern methods: 5.4%	-Other modern methods: 7.5%
FP2020 Commitments	-Increase contraceptive prevalence	-Increase CPR by 2% every year to	-Increase the CPR from 5.4% in
	rate (CPR) to 55% by 2020	achieve 36% by 2018	2010 to 19% in 2020.
	-Reduce total fertility rate (TFR)	- Strengthen the in-country	- Increase the number of users of
	to 3 by 2020	logistics system that ensures	modern methods from 700,000 in
	-Reach an additional 6.2 million	commodity availability at the	2010 to 2⋅1 million in 2020
	women and girls with family	facility level	- Provide an increased range of at
	planning services	- Train at least 3,700 community	least 3 contraceptive methods in
	-Increase uptake of long-acting	health workers (CHWs) to deliver	health facilities offering family
	reversible methods	the range of contraceptives,	planning: the extended range of
	- Ensure commodities security,	particularly long-acting and	contraceptive methods with at
	-Scale up delivery of services for	reversible methods and support	least 1 long-acting method
	the hardest to reach groups	task shifting so CHWs in rural	
		areas can provide multiple	
		methods.	

^{*} The data for mCPR and unmet need were reported in the 2016 FP2020 Progress Report and were produced using the Track20 FPET model. The data for LARC mCPR and current method mix are from DHS reports in Ethiopia (2016), Nigeria (2013) and DRC (2013-14).